

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046825

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 62.37 Registrar's No. 70

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 13 1963

VS 300
Rev. 4/59

1090

1090

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8350

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hickory-Grove Twp</u>		c. CITY OR TOWN <u>Wright City</u>	
Length of stay in 1b <u>3 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi S. of Wright City, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Route # 1</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Kit</u> Middle <u>Ant hony</u> Last <u>Beeny</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/6/58</u>
9. AGE (last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and state or country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bill Beeny</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mabrey</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Bill Beeny Wright City MO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>Mrs Bill Beeny Wright City MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u> DUE TO (b) <u>Front Wheel of truck running</u> DUE TO (c) <u>over head.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fell from front fender while driving</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell off front fender while driving</u>	
20c. TIME OF INJURY Hour <u>4</u> a.m. <u> </u> p.m. <u> </u> Month <u>Dec</u> Day <u>7</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>2nd. Youth Ranch</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Wright City Warren Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Wright City Warren Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F H Krigger D.C. Coroner</u>		22b. ADDRESS <u>Warrenton Mo</u>	
22c. DATE SIGNED <u>Dec 7 1963</u>		22d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 10, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u>
24. FUNERAL DIRECTOR <u>ALEXANDER & SONS 6175 Delmar Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 9, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Lloyd Logan</u>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon C. Vedder

Licensed Embalmer No.

5031

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.